

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052707

**Entity Name:** MD STAFFING & ASSOCIATES, LLC

**Current Principal Place of Business:**

3409 SILVER MEADOW WAY  
PLANT CITY, FL 33566

**Current Mailing Address:**

P O BOX 4464  
PLANT CITY, FL 33566

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DRAKE, DANIEL GESQUIRE  
156 E. BLOOMINGDALE AVE  
BRANDON, FL 33511 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GAUDET, MARY A  
Address 3409 SILVER MEADOW WAY  
City-State-Zip: PLANT CITY FL 33566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY GAUDET

**DIR. OF OP**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date